

Case Number:	CM14-0085994		
Date Assigned:	07/23/2014	Date of Injury:	10/09/2009
Decision Date:	04/08/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female injured worker who sustained an industrial injury on October 9, 2009. The mechanism of injury is unknown. The diagnoses have included cervical discopathy rule out herniated disc, right medial epicondylitis/cubital tunnel syndrome, bilateral carpal tunnel syndrome, left cubital tunnel syndrome and left elbow pain. Treatment to date has included elbow injection, diagnostic studies and medication. On May 9, 2013, the injured worker complained of persistent pain in her right elbow along with swelling. She had difficulty using her right arm. She was noted to have symptomatology in the cervical spine and right shoulder that were unchanged. She also complained of headaches that were migrainous in nature associated with periods of increased pain in the cervical spine. She reported her Naproxen medication to provide temporary pain relief allowing her to perform her activities of daily living. On May 27, 2014, Utilization Review non-certified physical therapy 2x a week for 6 weeks for the cervical spine. The citation was not provided. On June 9, 2014, the injured worker submitted an application for Independent Medical Review for review of physical therapy 2x a week for 6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy two (2) times a week for six (6) weeks for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, there was a sole progress note dated May 9, 2013 contained in a 13 page medical record. There were no diagnoses listed in the progress note. Subjectively, there were no cervical spine complaints. Objectively, there was tenderness and spasm at the cervical spine. The documentation doesn't state whether prior physical therapy was rendered and received or whether this is the first course of physical therapy. Assuming the injured worker did not receive prior physical therapy to date, a six visit clinical trial indicated to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating physician requested 12 sessions of physical therapy (two times per week 10 six weeks) to the cervical spine. This is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation for physical therapy two times per week and six weeks in excess of the recommended guidelines in the absence of subjective cervical spine complaints, physical therapy two times a week times six weeks to the cervical spine is not necessary.